



Northern Rockies OWCP Illness and Injury Incident Guide 2020

Introduction

This incident guide will provide an explanation of forms and procedures used by Finance Section Chiefs (FSC) and Compensation/Claims Unit Leaders (COMP) for processing claims for injury or disease. Compensation for federal employees, casual hires and official volunteers is authorized under the Federal Employee's Compensation Act (FECA) and are administered by the Department of Labor (DOL), Office of Workers' Compensation Program (OWCP). Information on injury compensation can be found in the [NWCG Standards for Interagency Incident Business Management](#) (SIIBM) Chapter 10: Compensation for Illness/Injury and Chapter 50: Cooperative Relations.

Responsibilities

Compensation/Claims Unit Leader or Compensation for Injury Specialist responsibilities (from SIIBM Chapter 10):

- Ensure the appropriate state or federal forms are properly completed for all work-related injuries or illnesses beyond first aid.
- Authorize medical treatment, as appropriate, using state workers' compensation forms, form CA-16, Authorization for Examination or Treatment, or form FS-6100-16, APMC Authorization and Medical Report.
- Review medical treatment documentation for work restrictions and informing the individual's supervisor of these restrictions.
- Ensure that necessary paperwork is completed, processed, forwarded, and faxed to the individual's home unit within established timeframes; and ensure all Privacy Act information is properly safeguarded.
- Advise individuals of their rights and responsibilities when injured or ill.
- Provide information to the Time Unit Leader (TIME) for accurate posting of timesheets for injured/ill individuals.
- Provide information to the TIME for payroll deduction of non-work related medical expenses.
- Follow up on the status of hospitalized or medical evacuated incident personnel.
- Inform FSC and Safety Officer of injury/illness and trends occurring on the incident.

Note: Injury Specialists and Compensation/Claims unit leaders do not have the authority to deny requests for medical treatment if an injury is appropriately reported.

HIPPA Disclosure: (I) Standard: Disclosures for workers' compensation. A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault. (45 CFR § 164.512(I)).

Incident Preparation

- Discuss with the Finance Section Chief whether or not Agency Provided Medical Care (APMC) has been authorized for the incident and, if it has been authorized, coordinate payments with the appropriate source (Buying Team, Procurement Unit, Home Unit, etc.).
- Make contact with the Medical Unit Leader, the local clinic/hospital billing staff and the local pharmacy to exchange contact and process information. Do not wait until an injury or illness is presented.
- Ensure there are ample copies of the correct versions of forms available (**see Attachment A**).
- Set up Incident Illness/Injury/APMC log (**Attachment B**) with incident specific information. Be sensitive regarding what is entered into the log (*home unit address rather than personal addresses*). Delete the patient names prior to transition back to the incident agency.

*Note: **Attachment C** is an optional form that many have found useful in tracking information for injured employees.*

Traumatic Injuries

Traumatic Injuries are defined as wounds or other conditions of the body caused by external force, including stress or strain. They must be identifiable by time and place of occurrence and caused by a specific event or events within a single shift (for unknown origins see “Occupational Disease/Illness”).

Employees are responsible for notifying their on-site supervisor within one workday of an injury and for the entry of the incident into their injury recording system (eSafety for Forest Service) within 48 hours. Hard copy claims can be filled out and entered into the system of record by the supervisor or proxy, but these systems require the signature of the employee on either the hard copy or electronic copy. FECA requires employees to report the injury within 30 days from the date of injury to retain eligibility for continuation of pay (COP) benefits.

Forms associated with traumatic injuries:

- Reporting Only – Notice of Traumatic Injury (CA-1).
- Received First Aid (on-site) only - Notice of Traumatic Injury (CA-1).
- Received Medical Treatment - Notice of Traumatic Injury (CA-1) and Authorization for Treatment (CA-16).

Issuing an Authorization for Examination/Treatment (CA-16*):

1. After notification of an injury or illness from the Medical Unit Leader, ask the following questions before issuing a CA-16 Authorization for Examination/Treatment (valid for treatment no later than 7 days after initial report):
 - What is the patient’s agency and home unit?
 - What is the patient’s name?
 - To what facility are they being taken?
 - What is the nature of the injury or illness?

***NOTE: A CA-16 should never be issued for an occupational illness. Also see **Attachment D** before issuing a CA-16 for Forest Service employees and sponsored Casuals – during business hours you should call ASC to issue the CA-16.**

Cooperators use their own workers’ compensation forms issued by their state/county/city, and contract employees use their required workers’ compensation insurance. Assist these employees in filling out their paperwork and any faxing/coordination that may be needed (see **Attachment D** for state specific information).

Do not use OWCP forms for cooperators, unless specifically directed to do so by that agency (such as a CA-1 for documentation only). Never issue a CA-16 to a non-federal worker (such as a state, city, county, or contract employee).

2. Fill out the front page of the CA-16:

- Block #1 can be found on the ICS-206 Medical Plan in the Incident Action Plan or ask the Medical Unit.
- Block #3 is the date of the actual injury and not the date they report it or receive medical care.
- Block #4 is the patient's regular title, i.e. Forestry Technician. For ADs use their incident position title.
- Block #7 should be "N/A" as a CA-16 cannot be issued for an illness.
- Block #12 is the OWCP Billing Office:

**US Department of Labor, DFEC Central Mailroom
P.O. Box 8300
London, KY 40742-8300**

- Block #13 is the name and address of the **home unit**. For all Forest Service patients (including FS sponsored casals) use the following address:

**US Forest Service, US Department of Agriculture
Albuquerque Service Center Mail Stop 326
4000 Masthead Street NE
Albuquerque, NM 87109**

3. Instruct the patient (and/or Medical Unit personnel providing transport) to not give the medical facility a personal health insurance card. Unfortunately, due to most hospital billing system's payment priorities, there have been numerous times an employee's personal health insurance was billed instead of OWCP.
4. Instruct the patient and/or doctor to fill out the second page of the CA-16, Attending Physician Report. The medical facility may make any copies; however, the original CA-16 should be returned to the incident with the patient.

*For catastrophic or serious injuries, such as burns or multiple broken bones, call the home unit injury specialist (or ASC for Forest Service Employees 1-877-372-7248 option 2, option2) as soon as all official notifications have been made to discuss the next actions to be taken so that the transition from the incident to the agency will flow smoothly without interruption for the patient. **Attachment F** lists the Red Book Burn Protocols.*

5. If the medical facility is not familiar with OWCP billing, explain that they need to submit in their billing a copy of the CA-16 and an AMA standard Health Insurance Claim Form (AMA OP 407/408/409, UB-92, **OWCP-1500a or HCFA 1500**; as listed on the bottom of the second page of the CA-16) with a Current Procedural Terminology Code of 4 (CPT 4). OWCP's billing address is:

**US Department of Labor, DFEC Central Mailroom
PO Box 8300
London, KY 40742-8300**

Additional information for medical providers can be found in **Attachment G**.

6. After the patient returns from the medical facility review the second page of the CA-16 to ensure completeness and ensure a CA-1 Notice of Traumatic Injury has been filled out by the patient, witness (if applicable) and supervisor. This may take additional time due to the location of the incident supervisor and/or the condition of the patient).
7. If the patient needs a prescription, utilize local pharmacies and explain that it is a DOL, Office of Workers' Compensation Claim and to bill directly using DOL, OWCP, Division of Federal Employees Compensation (DFEC) fee schedules (most large chain pharmacies know this process). If the pharmacy is not enrolled with DFEC, they should contact DOL, Affiliated Computer Services (ACS) <https://owcp.dolsyst.portal.conduent.com/portal/main> (see **Attachment G**).

- If a pharmacy will not accept ACS, the employee can either pay for the prescription themselves or it may be purchased by the government using a commissary deduction on the OF-288. The employee can later claim reimbursement of the expense from OWCP on form OWCP-915. Do not use agency charge cards to pay for OWCP bills, unless a commissary deduction is made.
8. For agency specific direction for paperwork (including timeframes) see **Attachments D** and **E**.
 9. If the resource was transported to the hospital via air or ground ambulance, the optional **Justification for Medical Evacuation Form** can assist the injured employee with documenting the rationale for the necessity of the use of the ambulance for workers' compensation reimbursement or payment(s). The form can be found at: <https://gacc.nifc.gov/nrcc/nrcg/committees/business/toolbox/personnel/JustificationMedicalEvacuationForm.pdf>.
 10. If there is continued paperwork or COP to be applied to the patient's time, work with the Time Unit Leader to post it correctly and attach the sealed file with the forms to their time file (for return to the home unit on demob). Refer to Chapter 10 of the SIIBM for additional direction on COP.
 11. If the injury is serious and/or requires continuing medical care and the patient has been released from the hospital, generally return the injured patient to the home unit as soon as practical for continued medical treatment by their primary physician.
 12. Inform the employee that they have the right to choose a physician and the emergency care provider does not count as a first choice. After the initial choice, they must have prior OWCP approval to switch physicians.
 13. Any future expenses, such as travel or prescriptions, may be reimbursed by OWCP (after the employee receives their OWCP case number) by using form OWCP-915. Reimbursement may take 8-12 weeks.
 14. Complete the Incident Illness/Injury/APMC log after each report or at least daily.

Occupational Disease/Illness

Occupational disease is defined as a condition produced by the work environment over a period longer than a single shift. It may result from a systemic infection, repeated stress or strain, exposure to toxins, poisons or fumes, unknown origins, or other continuing conditions from the work environment. Examples include smoke inhalation, carpal tunnel, etc.

Forms associated with occupational illness:

- Reporting Only – Notice of Occupational Disease (CA-2).
 - Received Medical Treatment - Notice of Occupational Disease (CA-2).
1. OWCP rarely allows agencies to authorize medical treatment related to an occupational disease or illness. The employee is responsible for the cost of the treatment and can file a claim for reimbursement using a CA-2, Notice of Occupational Disease.
 2. Provide the employee with the appropriate forms (listed above) for their claim.
 3. Complete page 3 of the CA-2 Receipt of Notice and return to the employee. See **Attachments D** and **E** for agency specific paperwork directions.
 4. Complete the Incident Illness/Injury/APMC log after each report or at least daily.

Agency Provided Medical Care (APMC)

APMC is used for first aid treatment of some federal, state and local personnel only. First Aid does not include medical treatment for cuts requiring stitches, X-rays, MRIs or burn treatment, etc. It is used when the agency anticipates that

merely a single trip to the medical provider or possibly a single recheck during off-duty hours will be needed. It can only be used while the employee remains at the site of the incident and they are not entitled to lost time benefits, such as sick leave, annual leave, or continuation of pay. More information on APMC can be found in the SIIBM, Chapter 10.

1. Before using APMC, ensure that the host unit has authorized its use by checking with the Finance Section Chief, Incident Business Advisor, or Agency Administrator.
2. APMC is not to interfere with employee's rights under OWCP for treatment of work-related injuries and illnesses. It may be disadvantageous to the employee and they must be counselled on their options. Federal employees do not have a right to treatment under APMC as they do with OWCP cases.
3. Ensure the use of APMC for illnesses is appropriate, such as first aid treatment of respiratory infections, colds, sore throats, and similar conditions associated with exposure to smoke, dust, and weather conditions and only used to relieve suffering. It is not intended for dental work or non-work related injuries or illnesses.
4. Issue the APMC Authorization and Medical Report, form FS-6100-16. Fill out the Part A 'Authorization', have the doctor fill out the Part B 'Report' and instruct the medical facility to return the original with the patient.
5. Assign a medical resource request number (M#) in sequential order using the Incident Illness/Injury/APMC log. Record the M# on the APMC form and all associated medical expenses and write "Paid by APMC" on all documents once payment has been made. (M#s are only issued for APMC and not for OWCP cases).
6. If you do not have purchasing authority coordinate with the Finance Section Chief, Buying Team, or local purchasing agents to make payments. Anyone making APMC purchases will need all original receipts and any additional documentation for their credit card adjudication.

Continuation of Pay (COP)

If the employee files a CA-1 within 30 days of the date of injury, seeks medical attention, and the claim is accepted by OWCP, the employee is entitled to a maximum of 45 calendar days of continued pay. This leave is used to attend physician and physical therapy appointments, surgical procedures, or while on total or partial disability, per the physician's orders. COP is paid at the employee's regular salary rate. It starts the first day an employee misses work within the first 45-day period. Time loss due to an injury after expiration of COP can be charged to the employee's sick or annual leave or leave without pay. Information on COP can be found in the SIIBM, Chapter 10. The Time Unit will document COP on the employees' OF-288 and the home unit will post the COP per their pay policies. If an employee uses COP leave for any part of a day, it is counted as one full day of COP.

Casuals/ADs who sustain a traumatic injury are entitled to COP. For casuals, COP ends when the casual leaves the incident, the original length of commitments ends, or when the casual is released back to full duty. Casuals should not be kept on the incident if they are not able to work. The home unit may require a written statement from the incident supervisor verifying when the job would have normally ended.

Recurring Illness/Injury

If the illness or injury reoccurs after being submitted to OWCP, the patient should call their OWCP assigned contact (with their OWCP claim number) to gain authorization for treatment. If it is an emergency situation, the incident should ensure the patient receives appropriate treatment, but do not issue a CA-16 authorization to the clinic or hospital.

Interactions with the IBA

The Incident Business Advisor (IBA) needs to be informed of all illness and injury trends, serious accidents, and fatalities. Contact does not necessarily need to be made to the IBA at the time of a serious injury/illness or fatality, especially if it will impede medical treatment or is considerably outside of normal work hours. However, the IBA should be notified during the next available opportunity (e.g., the next morning). For less serious illness and injuries, providing a daily summary (written or verbally) will usually suffice, but should be discussed during the in-briefing.

Attachment A: Guide to Injury and Illness Forms

Type of Illness/Injury	CA-1	CA-16	CA-2	FS-6100-16
Traumatic Injury, No Medical Treatment or on-Site First Aid only	X			
Traumatic Injury, Medical Treatment	X	X		Only if APMC is Authorized by Agency
Exposure Incident (reporting only)			X	
Occupational Illness/Disease			X	

X = Forms issued by Injury Specialist*, current forms can be found at: <http://webapps.dol.gov/libraryforms/>.

Purpose, Responsibilities and Filing Instructions: *Click on form number to open and be sure to check the form date!*

CA-1 Notice of Traumatic Injury (current version date: Oct 2018)	Use if injury occurred within one workday or shift. Employee and witness complete side one and submit to supervisor within three workdays. The supervisor completes side two and side four (receipt of notice) and submits to injury specialist* within one workday of receipt.
CA-16** Authorization for Examination/Treatment (current version date: Feb 2005)	Authorizes payment for initial medical care for Traumatic Injury only and issued by the injury specialist* only. DO NOT USE FOR ILLNESS. Employee returns to the injury specialist* within one workday of medical treatment.
CA-2 Notice of Occupational Disease (current version date: Oct 2018)	Use if illness occurred over longer than one work shift, or if cause is unknown. Employee and supervisor complete and the supervisor submits the claim to the injury specialist* within one workday.
FS-6100-16** APMC Authorization and Medical Report (current version date: Mar 1988)	Authorizes initial medical expense, documents initial diagnosis. Use only if authorized by the Finance Section or agency. Requires an Incident Order Number and M#. Submit copy to injury specialist as soon as possible.
Agency Reporting System eSafety or SMIS, etc.	Supervisor enters information into the system within five days of the date of injury/illness (within 48 hours is the agency expectation).

*Note that the title "Injury Specialist" in this context is a Finance Section Chief, Compensation-for-Claims Unit Leader or Home Unit Injury/OWCP Specialist.

**Because the CA-16 and FS-6100-16 are forms that authorize treatment and payment, we cannot post the links.

Other Helpful Compensation Forms: All are found at: <https://www.dol.gov/general/forms>

- CA-2a – Notice of Recurrence
- CA-10 – What a Federal Employee Should Do When Injured at Work
- CA-17 – Duty Status Report
- CA-20 – Attending Physician's Report
- CA-35 – Evidence Required in Support of a Claim for Occupational Disease
- OWCP-915 – Claim for Medical Reimbursement (Out of Pocket Medical Expenses)
- CA-550 – Questions and Answers about the Federal Employees' Compensation Act

Attachment B: Injury/Illness Log Example

INJURY, ILLNESS & AGENCY PROVIDED MEDICAL CARE (APMC) TREATMENT LOG										
INCIDENT NAME: Mountain Fire			INCIDENT#: MT-BDF-000001			FIRE CODE: XX1A		DATES: 06/30 – 07/09/2019		
						Forms Prepared				
M#*	Report Date	Illness/Injury Date	Home Unit Name & Address	Nature of Injury/Illness	Treatment	CA-1	CA-2	CA-16	APMC/Other	Disposition/ Remarks
	07/04/19	07/03/19	Boise Hot Shots, Boise NF 1249 S. Vinnell Way, Suite 200 Boise, ID 83709 208-373-4100	1” laceration to right knee	Transported to clinic, 3 stitches, tetanus shot and antibiotic Rx	X		X		CA-1 and 16 entered into eSafety. Contact made with ASC. Need follow up to remove stiches in 5-7 days.
M-1*	07/06/19	07/06/19	Payette Regulars, Payette NF 800 W. Lakeside Ave. McCall, ID 83638 208-634-0700	Camp crud with fever, sore throat and cough	Transported to clinic, cough syrup RX		X		APMC	Light duty for 24 hours. Clinic visit and Rx paid with APMC by Buying Team member, Jan Doe on CC.
	07/07/19	07/07/19	Twin Falls District BLM 2536 Kimberly Road Twin Falls, ID. 83301 208- 736-2350	Stomach cramps, nausea and vomiting	Transported to clinic, IV fluids and 2 Rx given		X		CA-35 CA-20 OWCP-915	All forms completed and faxed to home unit. Clinic visit and Rx paid by employee. Demobed home.

***M#s are only issued for APMC payments and not OWCP cases.**

Attachment C: Employee Injury Checklist

Date: _____

Name of Injured Employee: _____

Team Assignment: _____

Home Unit & Agency: _____

Employee or Crew Boss Cell Phone Number: _____

Supervisor's Name & Contact Number: _____



Type of Injury: _____

Date/Time of Injury: _____

Air Ambulance Name/Contact #: _____

Ground Ambulance Name/Contact #: _____

Medical Facility Name/Contact #: _____

Pharmacy Name/Contact #: _____

Name of Hotel/Room/Contact #: _____

Home Unit Case Manager Name/Contact #: _____

Date CA-1 & supporting documents were submitted to Home Unit: _____

Date of entry into home unit OWCP program (if applicable): _____



The Injured Employee has received a copy/original of the following:

- _____ 1. Original Completed CA-1 with any fax/email confirmation sheets, etc.
- _____ 2. Original CA-16 and any support documents (discharge instructions, etc.)
- _____ 3. Receipts of any prescriptions not directly billed by the pharmacy.
- _____ 4. A copy of the FSC Employee Injury Checklist (this sheet)

Attachment D: Agency Specific Paperwork – Forest Service

Questions: Call the USDA Forest Service, Albuquerque Service Center, Workers Compensation (ASC-HRM-WC) to issue a CA-16 during normal business hours or with any questions, 877-372-7248 option [2] for HRM, option [2] for Forest Service employees. The Forest Service's Albuquerque Service Center (ASC), Human Resource Management (HRM), Workers Compensation Program information is found at: <http://fsweb.wo.fs.fed.us/hrm/workers-compensation/index.php>.

The Federal Employees' Compensation Act changed in 2011 and requires the reporting of work-related injuries and illnesses electronically. The Forest Service, ASC-HRM, Workers' Compensation Branch (WC) is utilizing the eSafety program (ID 6700-2011-2) to comply with this requirement and will no longer process handwritten CA-1 or CA-2 forms.

WC requires a eSafety generated and populated CA-1 or CA-2 to be printed, signed and faxed to WC via a secure eFax at 1-866-339-8583 (currently the eSafety generated forms do not include a signature, therefore the hard copy is required). This process is required for injuries and illnesses occurring during incident assignments.

***Incident injury/illness guidance is located at:** <http://fsweb.wo.fs.fed.us/hrm/workers-compensation/documents/ProcessTraumaticInjuries.pdf> *

The eSafety system requires access to eAuthentication. If medical treatment is authorized on a CA-16, any bills from the medical provider are the employee's responsibility until a signed, eSafety generated CA-1 or CA-2 is received at WC and processed to the Department of Labor.

- To assist with the mandatory use of eSafety to report and record FS employee injuries and illnesses, and increase process efficiency, ASC-HRM, Worker's Compensation (WC) Branch will no longer accept hand-written CA-1 or CA-2 forms.
- ASC-HRM, WC now requires an e-Safety generated and populated CA-1 or CA-2 be printed, signed and faxed to the Worker's Compensation section at 1-866-339-8583 or scanned/emailed to HRM_Contact_Center@usda.gov. This requirement applies to injuries/illnesses occurring during incident assignments.
- Access to the eSafety system requires an eAuthentication account. If medical treatment is authorized on a CA-16, the bills from the local provider are the employee's responsibility until a signed eSafety generated CA-1 is received at ASC-HRM, WC and processed to the Department of Labor.

Employee's Role

Scenario	Process
Injured FS employee has computer and internet access to eAuthentication.	Employee will enter CA-1 or CA-2 data directly into eSafety.
Injured FS employee or FS hired AD does not have computer and internet access to eAuthentication; COMP has computer and internet access to eAuthentication.	COMP will enter the employee's portion of the CA-1 or CA-2 into eSafety on behalf of the injured employee or will log into eSafety "Reporting on Behalf of Someone Else" and assist employee or AD in completing the fields.

Injured FS employee or FS hired AD is not at camp or is otherwise unable to complete eSafety and COMP does have computer and internet access to eAuthentication.	Employee will complete hard copy or form fillable CA-1 or CA-2 and submit to COMP. COMP or incident supervisor may enter the employee's portion of the CA-1 into eSafety on behalf of the injured employee or complete a form fillable CA-1/CA-2 and provide to ASC-HRM-WC.
Injured FS employee or FS hired AD and COMP is unable to access a computer, internet, or eAuthentication.	Hard copy or form fillable CA-1 or CA-2 will be completed, signed and faxed to the injured employee's home unit for entry into eSafety.

Forest Service AD hires, the CA-1 or CA-2 form must include:

- ✓ AD's Social Security Number (SSN)
- ✓ OF-288, Fire Time Report
- ✓ One of the following documents: Single Resource Casual Hire Information Form, Resource Order, or Crew Manifest (if on a crew). This is needed to verify the AD was hired by the Forest Service. If utilizing a crew manifest include the hiring unit supervisor name and phone number.

Supervisor's Role

Scenario	Process
Incident supervisor is FS employee and has computer and internet access to eAuthentication.	Incident supervisor will complete the supervisory portion of the CA-1 or CA-2 in eSafety, print a hardcopy and employee, supervisor, and witness (if applicable) signs the document. COMP will fax to secure eFax at ASC-HRM-WC or scan/email to HRM_Contact_Center@usda.gov with all supporting documentation.
Incident supervisor is not a FS employee or does not have computer or internet access.	Hardcopy CA-1 or CA-2 is completed and signed at the incident and faxed to the injured employee's home unit supervisor for entry into eSafety. The eSafety generated form must be printed, signed by the home unit supervisor, and faxed to ASC-HRM-WC. (The home unit supervisor is serving as a proxy for the incident supervisor in this scenario and will keep the faxed CA-1 or CA-2 generated at the incident as backup documentation). Upon demobilization of the employee, the CA-1/CA-2 completed at the incident will be sent back with the employee where it will be provided to the home unit supervisor for distribution.

- A CA-1 or CA-2 should be completed within 48 hours of the date of injury.
- If an eSafety generated CA-1 is completed at the incident, the CA-16, any available medical reports, and Casual Hire form (if AD) should be faxed with the CA-1 to WC.
- If the CA-1 is completed at the home unit, the home unit should fax the CA-1 to WC and the incident should fax the CA-16 and any supporting documentation to WC. The documents will be matched up by the case manager at WC.
- The Casual Hire Form is required to be faxed with a CA-1 or CA-2 for AD employees before the claim can be processed. For AD Crews, a crew manifest and/or resource order that lists the injured employees' name can be sent instead of the Casual Hire Form.
- All supporting documentation must have the employee's social security number in the upper right-hand corner of each page. This will facilitate matching the documentation to the appropriate CA-1 or CA-2 when it is submitted through the secure eFax.

- The original CA-1 or CA-2 with supporting documentation is retained by the injured employee.
- “Documentation Only” CA-1 or CA-2s should be entered into eSafety.
- Although there are COMP/INJR personnel available to assist on the incidents, the ultimate responsibility for eSafety entry remains with the injured employee and their home unit supervisor.

ASC-HRM, WC Secure eFax – 1-866-339-8583

ASC-HRM, WC Secure Inbox – HRM_Contact_Center@usda.gov

ASC-HRM, WC Help Desk – 1-877-372-7248 (Option #2)

eAuthentication link - <https://usdafs.connecthr.com>

Attachment E: Agency Specific Paperwork –All Other Agencies

Department of the Interior Bureaus (BIA, BLM, BOR, FWS, NPS & USGS)

Within two days of receipt of the CA-1/CA-2, contact the individual's home unit compensation specialist and fax original injury/illness forms, supporting documentation and medical treatment records. Originals documents will be sent home with the individual or mailed (via overnight FedEx or UPS) home to the home unit (discuss with the home unit compensation specialist to determine the method).

To determine who to contact at the home unit, ask the employee if they know who handles their workers compensation (OWCP) cases in their office. If they do not know the answer, then ask for the name of their home unit fire business specialist, human resources specialist or the administrative officer/office manager name and email or telephone. Those home unit individuals should be able to guide you to the correct person, and if not contact their home unit supervisor. Most DOI employees' email and office telephone numbers are available on the office/unit's online directory if you google search the home unit or contact's name.

Department of Interior SMIS information can be found at: <http://www.doi.gov/safetynet/>.

BLM-specific information for employees and supervisors can be found in Chapter 4 of the BLM Standards for Fire Business Management (Orange Book) found at: <https://www.blm.gov/site-page/programs-public-safety-and-fire-fire-and-aviation-regional-information-montana-dakotas-2>.

Cooperators (Local/Rural/City/County)

Cooperators are normally covered under their home unit workers' compensation program, e.g., county, local government. Cooperators experiencing injury or illness on the incident should complete home unit specific forms and notify their home unit of workers' compensation claims per their agency requirements. The COMP maintains injury compensation records and transmits documents to the home unit per cooperator agency policy.

If a cooperator is hired as a federal casual, follow FECA or APMC procedures as appropriate. If a cooperator is hired as a state employee, follow state workers' compensation procedures. Federal agencies entering into cooperative agreements do not have the authority to grant FECA coverage to individual cooperators. Some cooperative agreements require reimbursement for medical costs. This should not be interpreted as providing coverage under FECA.

States

State employees experiencing injury or illness on the incident should complete state specific forms and notify their home unit of workers' compensation claims per agency requirements. If state forms are not available, the employee may use a CA-1 or CA-2 to initially record the necessary information. Federal references should be crossed out and the state name written at the top of the form. The state employee is responsible to contact the home unit to obtain the proper reporting forms. The COMP maintains injury compensation records and transmits documents to the home unit per state agency policy. **Do not issue a CA-16 for medical treatment.**

Refer to the appropriate Geographic Area's Chapter 10 or 50 Supplement(s) for state specific information on illness and injury.

Note: The next three pages are the excerpts from the Northern Rockies Chapter 10 Supplement for the States of Montana, Idaho, and North Dakota on Workers Compensation, found at:
https://gacc.nifc.gov/nrcc/nrcg/committees/business_committee.htm.

STATE OF MONTANA

Provide emergency care first. Complete paperwork as soon as reasonably possible. If possible, file the First Report of Injury (FROI) form within 24 hours of the injury. The FROI can be found at:
<http://montanastatefund.com/>.

Montana First Report of Injury – Instructions:

All DNRC personnel, including EFFs, must fill out a First Report of Injury (FROI) form for every on-the-job injury. This form when submitted protects the employee's right to benefits in the event a seemingly minor injury develops into a more serious condition.

Employees: Notify the supervisor of any on-the-job injury **IMMEDIATELY**

Supervisors: Three options for submitting FROI:

1. Contact **Paige Tabor**, DNRC Safety Officer **(406) 444-2079** office or **(406) 437-2746** cell **within 24 hours** of the injury. Inform her of all the details so she may submit the FROI online to Montana State Fund.
2. Email Paige (**ptabor@mt.gov**) a copy of the FROI (leave the SSN blank for security; she can look this up in SABHRS). Paige will file the claim online with State Fund and send a copy of the FROI with the claim number to the supervisor and employee.
3. If Paige is not available, fill out the FROI and fax it to Human Resources: **(406) 444-1357 within 24 hours** of the injury. An HR specialist will fill in any necessary information and forward the FROI to State Fund. Email or leave a message for Paige that you have filed a first report.

It is the **supervisor's** responsibility to:

- Report the injury to Paige Tabor within 24 hours via phone or email **or**
- Submit the report directly to Human Resources via fax within 24 hours of the injury **and** notify Paige Tabor that a report has been filed as quickly as possible.

On fire assignments, the employee's supervisor is his/her immediate supervisor at the incident. If the immediate supervisor is not a DNRC employee, the **injured employee** is then responsible to submit the FROI. Paige or HR can sign the FROI if a supervisor is not available to sign it.

Contact the home unit as soon as possible to inform the DNRC supervisor of the injury.

- A hard copy of the FROI may be obtained from any DNRC area office.
- To print a copy from the Montana State Fund website, go to:
<http://www.montanastatefund.com/wps/portal>.
- Go to Reporting an Injury at the bottom left of the screen. Click on First Report of Injury Form. You will not be able to file online. Print the form, fill out, and **email with no SSN to ptabor@mt.gov or fax to Paige Tabor at (406) 444-1357**.

Helpful Hints:

- Fill out all sections, except 'Insurer Only' section, as completely and legibly as possible; okay to leave wages blank.
- Employee and supervisor should both sign, if available. Submit this form within 24 hours even if employee is not available to sign, e.g., hospitalized, etc. *If a supervisor on site is not available to sign, Paige will submit by serving as the employer's signature.*
- Use payroll classification code **9422** for firefighters.
- For 'Employer mailing address,' use the main Helena DNRC address: **P.O. Box 201601, Helena, MT 59620-1601**. For phone number, use a number where the supervisor can be reached.
- For 'Location of Operation,' use the employee's home unit address.
- Leave the following boxes blank:
 - 'Employer is a sole proprietorship, partnership, corporation, limited liability company.'
 - 'Injured worker is a sole proprietorship, partnership, corporation, limited liability company.'
 - 'Insurance Agent's name'
 - 'Insurance Agency'
 - 'Agent's Telephone Number'

Assistance with claims for compensation for work related injury or illness may be obtained by contacting Paige Tabor, DNRC Safety Officer. If no contact can be made to the above people, please contact the local DNRC Area Land or Unit Office.

STATE OF IDAHO

Provide emergency medical care. Complete paperwork as soon as reasonably possible.

- While on IDL jurisdiction, the Supervisor's Accident Report, HR 1303, should be filled out as soon as possible following an injury/illness. On another jurisdiction or on an incident managed by an IMT, a Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1, or a Notice of Occupational Disease and Claim for Compensation, CA-2, will likely be used for initial documentation in place of the Supervisor's Accident Report. These are acceptable substitute forms for the Supervisor's Accident Report.
- For injuries/illnesses beyond the scope of APMC, notify the employee's home unit or the Bureau of Fire Management as soon as possible. The home unit will assist the employee in completing the Idaho Workers Compensation - First Report of Injury or Illness, HR 1300 form to initiate a claim. IMT personnel are asked to facilitate communication to the home unit but are not asked to initiate a claim.
- The HR 1303 form can be found at: <https://www.idl.idaho.gov/fire/business/forms/hr-1300-first-report-injury-workers-comp-modified-4-25-16.pdf>.

Contact IDL Duty Officer with questions at 208-416-3604.

STATE OF NORTH DAKOTA

- The First Report of Injury Form, WS1, must have sections 1,2 and 3 completed by the employee. Section 4 should be completed by the employer.
- The Incident Management Team or host unit will ensure that the employee has also completed the Release of Information to Workforce Safety & Insurance form and, if applicable, the Prior Injury & pre-Existing Condition Follow-up form.
- A copy of the First Report of Injury Form will be left at the medical facility. The original form and attending physician report will be returned to the home unit.
- The NDSU "Report of Occupational Incident" form needs to be completed and submitted by the employee within 24 hours. It can be found at:
<https://www.ndsu.edu/fileadmin/vpfa/forms/UPSO-IncidentReport.pdf>.

Contact NDSU Safety Office at 701-231-6740 if assistance is needed.

Attachment F: 2020 Red Book Burn Protocols

From Chapter 7 – Safety & Risk Management:

<https://www.nifc.gov/PUBLICATIONS/redbook/2020/Chapter07.pdf>.

Required Treatment for Burn Injuries

The following standards will be used when any firefighter sustains burn injuries, regardless of agency jurisdiction.

After on-site medical response, initial medical stabilization, and evaluation are completed, the Agency Administrator or designee having jurisdiction for the incident and/or firefighter representative (e.g. Crew Boss, Medical Unit Leader, Compensations for Injury Specialist, etc.) should discuss and coordinate with the attending physician to ensure that a firefighter whose injuries meet any of the following burn injury criteria is appropriately referred to the nearest regional burn center.

Burn injuries are often difficult to evaluate and may take 72 hours to manifest themselves. When there is any doubt as to the severity of, or if criteria are met for a burn injury, the recommended action is to work closely with the treating physician to facilitate either a digital picture or telemedicine consult with a burn center or the referral and transport of the burned employee to the nearest burn center. It should be kept in mind, however, that not all burns require referral to a burn center. Special consideration should be given to referring a burned firefighter to a burn center if there is poor pain control during care at the medical facility. The following criteria from the American Burn Association (ABA) are meant to help guide the patient referral decision process.

The decision to refer a firefighter not meeting the following criteria to a regional burn center is made directly by the attending physician or may be requested of the physician by the Agency Administrator or designee having jurisdiction and/or firefighter representative after discussing medical follow-up beyond the ER. A possible solution is a referral to a burn center out-patient clinic for follow-up care after the ER visit. After initial medical stabilization and evaluation are completed in a medical facility, the decision to refer the employee to a specialty care physician/facility is made only by the attending physician.

Workers' Compensation benefits may be denied in the event the employee is transported to a specialty care physician/facility without a referral from the attending physician after already being seen by a medical provider. A report prepared by a Physicians' Assistant must be countersigned by a physician to be accepted as medical evidence. A definition of "physician" can be found at <https://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/FECAPT3/#30100>.

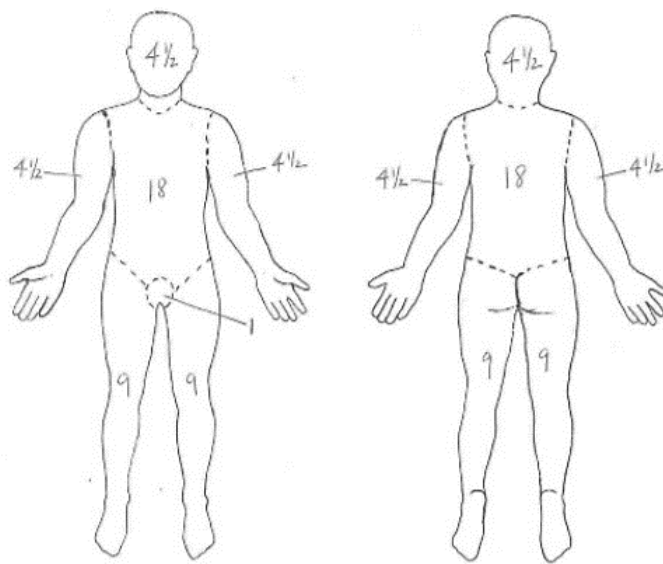
The Agency Administrator or designee for the incident will coordinate with the employee's home unit to identify a workers' compensation liaison to assist the injured employee with workers' compensation claims and procedures. During these rare events, close consultation must occur between the attending physician, the firefighter, the Agency Administrator or designee and/or firefighter representative, the firefighter's physician (if they have one), and the burn center to assure that the best possible care for the burn injuries is provided. ABA Burn Injury Criteria:

- Partial thickness burns (second degree) involving greater than 10% Total Body Surface Area (TBSA).
- Burns (second degree) involving the face, hands, foot, genitalia, perineum, or major joints.
- Third-degree burns of any size are present.
- Electrical burns, including lightning injury, or chemical burns are present.

- Inhalation injury is suspected.
- Burn injury in someone with preexisting medical disorders that could complicate management, prolong recovery or affect mortality (e.g., diabetes).
- Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
- Burn injury in someone who will require special social, emotional, or rehabilitative intervention (PTSD, severe anxiety, etc.).

Severity Determination

- First Degree (Superficial) – Red, sometimes painful.
- Second Degree (Partial Thickness) – Skin may be red, blistered, swollen, and painful to very painful.
- Third Degree (Full Thickness) – Whitish, charred, or translucent, no pin prick sensation in burned area.



Percentage Total Body Surface Area (TBSA) – Rule of 9s or Rule of Palms Rule of 9s (pictures on previous page): The body is divided into sections of 9 percent, or multiples of 9 percent, each as per the drawing. Rule of Palms: Patient's palm equals 1% of their body surface. Estimate how many times the patient's palm could be placed over the burned areas to estimate the percentage of body that has been burned.

A map as well as a search engine of burn care facilities can be found at <http://ameriburn.org/public-resources/find-a-burn-center/>.

For additional NWCG incident emergency medical information see:

<https://www.nwcg.gov/committees/incident-emergency-medical-subcommittee> (under Guides and Agency Policies).

Attachment G: Information for Medical Providers

Division of Federal Employees' Compensation (DFEC) Information for Medical Providers can be found at: <https://www.dol.gov/owcp/dfec/regs/compliance/infomedprov.htm>.

Must I enroll as a Provider?

To be paid for treating federal employees covered by the FECA, you must enroll. As of March 31, 2004, all bills submitted by unenrolled Providers will be returned along with instructions on how to enroll. Enrollment is free and is simply a registration process to ensure proper payments. It is not a PPO enrollment.

How do I enroll as a Provider?

To enroll, please complete and submit the [Provider Enrollment Form \(OWCP-1168\)](#). Additional information on provider enrollment is available on the [OWCP Web Bill Processing Portal](#).

I have enrolled as a Provider. How do I register to use the web portal?

Go to the [Portal](#). Click on "Provider" in the FECA section. Then click on "Web Registration" and follow the instructions. If you try this and have questions, need technical support, or require additional assistance, call the Health Care Solutions Operations Center Helpdesk at 1-800-461-7485 or 1-850-558-1775.

Do I have to enroll as a provider to use the web portal?

To use the on-line authorization, bill status, and payment status functions, a provider must enroll and must register to use the web portal. Both enrollment and web registration can be accomplished on the [Portal](#).

How do I find out if a prior authorization is required?

Whenever you treat an Injured Worker, check the [OWCP Web Bill Processing Portal](#). Level 1 procedures (for example, office visits, MRIs without contrast, and some other routine diagnostic tests) do not require authorization. If you need a hard copy confirmation of this, complete an online authorization request on the Portal and print the message displayed after the request is submitted. Level 2, 3 and 4 procedures require authorization. These authorization requests can be made on the Portal or by faxing a completed authorization request and supporting documentation to 800-215-4901. The Medical Authorization forms are available on the Portal. Click on Resources - "Forms and References" and then choose DFEC. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations. These forms request the specific information needed to process each type of authorization request.

How do I make medical authorization requests?

You may request authorization on the [OWCP Web Bill Processing Portal](#). Or you may fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Medical Authorization forms are available on the Portal. Click on Resources – "Forms and References" and then choose DFEC. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations.

I have an Injured Worker who has a CA-16 but no claim number. How do I request an authorization?

CA-16s are issued by Employing Agencies to Injured Workers so they can seek immediate medical care. When there is a CA-16, NO authorization is needed for office visits and consultations, labs, hospital services (including inpatient), X-rays (including MRI and CT scan), physical therapy, and Emergency services (including surgery) related to the work injury. You must enroll as a Provider to be paid for services provided under a CA-16. The CA-16 DOES NOT cover non-emergency surgery, home exercise equipment, whirlpools, mattresses, spa/gym memberships, and work hardening programs. Authorization for these services cannot be requested until a claim number has been established.

I'm a specialist to whom an Injured Worker has been referred for a consultation. Do I need an authorization?

An authorization is not required when an Injured Worker is referred by her/his treating physician to a specialist for a consultation. However, you must be enrolled as a Provider to be paid for the consultation visit.

I've tried to use the eligibility inquiry, but I get a message that the service requested isn't covered for the accepted conditions. What do I do?

Request authorization on the [OWCP Web Bill Processing Portal](#) or fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Claims Examiner will determine if the claim can be expanded for a new condition based on information in file and information submitted with the request or if additional development is needed.

I want to prescribe a particular medication for a patient. It's not covered for the conditions accepted on the claim. What do I do?

If you believe a medication is necessary for the treatment of the injured worker's accepted conditions, please submit medical documentation for review by the claims examiner. As is the case with anything sent to OWCP, please be sure to include the injured worker's claim/case number on every page. Please mail all documentation to U.S. Department of Labor, OWCP/DFEC, P.O. Box 34450, San Antonio, TX 78265.

How do I know what the accepted conditions are for a claim?

This information is available on the [OWCP Web Bill Processing Portal](#).

My patient thinks that other diagnoses need to be added as accepted conditions on a claim. What should I do?

If an injured worker believes that additional or different conditions warrant acceptance on her/his claim, s/he needs to submit to OWCP medical documentation supporting expansion of the claim for review by the claims examiner. As is the case with anything sent to OWCP, this medical documentation should include the injured worker's claim/case number on every page and should be mail to U.S. Department of Labor, OWCP/DFEC, P.O. Box 34450, San Antonio, TX 78265.

How do I learn the status of a medical authorization request?

Injured Workers and Providers can check on the status of medical authorizations on the [OWCP Web Bill Processing Portal](#). To speak with a Customer Service Representative regarding an authorization, you may call 844-493-1966, toll free. This number is available Monday to Friday, 8am to 8pm, EST.

How do I learn the status of a bill or claim for reimbursement?

Injured Workers, Providers, and Employing Agencies can check on the status of bills and reimbursements on the [OWCP Web Bill Processing Portal](#). To speak with a Customer Service

Representative regarding a bill or reimbursement, you may call 844-493-1966, toll free. This number is available Monday to Friday, 8am to 8pm, EST.

Can I bill electronically?

Yes! Using Electronic Data Interchange (EDI) has many benefits including

- Faster payment of claims -clean bills are processed in an average of 14 days or less
- Increased efficiency - greatly reduces keying errors or data omissions
- Transmission of bills 24 hours/day, 7 days/week
- Reduced cost and time of preparing and mailing paper claims
- No lost bills
- Ability to send claims in the X12N HIPAA standard

Information about this option is available through [EDI Solutions online](#) or by calling the EDI Technical Support line at 800-987-6717.

I think I might need some help in using the web portal. Do you have some instructions or a user manual?

Yes. Go to the [Portal](#) and click on the Help link.

If OWCP authorizes a medical service as related to the FECA claim but does not pay my submitted bill in full, can I seek additional payment from the injured worker for the difference between what was billed and what OWCP paid?

No, you may **not** seek additional payment. If an authorized service has been rendered for the injured worker's accepted work-related condition, he or she is not responsible for charges over the maximum allowed in the OWCP fee schedule or other tests for reasonableness. 20 C.F.R. §10.801 (d) provides that by submitting a bill and/or accepting payment, the provider signifies that the service for which reimbursement is sought was performed as described and was necessary. In addition, the provider thereby agrees to comply with all regulations concerning the rendering of treatment and/or the process for seeking reimbursement for medical services, including the limitation imposed on the amount to be paid for such services. Therefore, if your bill is reduced by OWCP in accordance with its fee schedule, you may **not** charge the injured worker for the remainder of the bill. See also 20 CFR §10.813 and §10.815 (h).

What is the Fee Schedule and how do I get a copy?

The Federal Fee Schedule is applied to medical bills and to some durable medical equipment bills. Access the Federal Fee Schedule free of charge on the [OWCP fee schedule page](#).

Where do I send mail?

Send all bills for Federal workers' compensation cases to:

U.S. Department of Labor

OWCP/DFEC

P.O. Box 34450

San Antonio, TX 78265

Please be sure to include the claim number on every page you send.